



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

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New Mexico (02-03)

Approved: 10/29/02
Effective: 07/01/02

November 15, 2002

Mr. Robert Maruca, Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Dear Mr. Maruca:

In our October 29, 2002 letter approving State plan amendment (SPA) No. 02-03 (Breast and Cervical Cancer Prevention and Treatment) we attached the wrong state plan page. Attached is the correct page, which properly reflects that the State will also make presumptive eligibility decisions for this new eligibility group. Please substitute this page in place of the one sent in the approval letter.

I have discussed this change with your eligibility staff. If you have any questions, please call me at (214) 767-4425.

Sincerely,

Jack Allen

Jack Allen
Health Insurance Specialist

Enclosure



ATTACHMENT 2-2-A

PAGE 23e

STATE: NEW MEXICO

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A)
(ii) (XVIII) of the Act

X [26]. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

X [27]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 02-03 Approval Date: 10-29-02 Effective Date: 07-01-02

Supersedes
TN No. SUPERSEDES: NONE - NEW PAGE

STATE	<u>New Mexico</u>
DATE RECD	<u>08-28-02</u>
DATE RECD	<u>10-29-02</u>
DATE EFF	<u>07-01-02</u>
HCFA 179	<u>NM 02-03</u>